TREATMENT PROTOCOL: EMERGENCY CHILDBIRTH (NEWBORN / NEONATAL RESUSCITATION) *

1. Assist delivery, check for cord, If amniotic sac intact, pinch and twist membrane to rupture and remove fetus
2. Basic airway, prn, if airway obstructed suction mouth first then nostrils
3. Clamp and cut cord
4. Stimulate vigorously, drying newborn with towel
5. Wrap in thermal blanket or dry towel and keep infant as warm as possible throughout resuscitation
6. Assist respirations with bag-mask ventilation prn using “squeeze-release-release” technique with room air for 90 sec, reassessing newborn every 30 secs
7. Reassess every 30 secs the need for assisted ventilations or CPR intervention
8. Check pulse at the base of the umbilical cord or at the brachial artery
9. **SFTP PROVIDERS TRANSPORT OR BASE CONTACT**

IF PULSE GREATER THAN 100bpm	PULSE GREATER THAN 60bpm and LESS THAN 100bpm	PULSE LESS THAN 60bpm
10. If poor respiratory rate or effort or persistent central cyanosis, perform bag-mask ventilations using “squeeze-release-release” technique for 90 sec with room air. 11. Recheck pulse every 30 secs to assess the need for CPR. If pulse remains less than 100bpm at 90 sec, start oxygen at 15 liters per minute and continue bag-mask ventilation. 12. **ESTABLISH BASE CONTACT (ALL)**	10. Perform bag-mask ventilations using “squeeze-release-release” technique for 90 sec with room air. 11. Recheck pulse every 30 secs to assess the need for CPR. If pulse remains less than 100bpm at 90 sec, start oxygen at 15 liters per minute and continue bag-mask ventilation. 12. **ESTABLISH BASE CONTACT (ALL)**	10. Perform bag-valve-mask ventilations using “squeeze-release-release” technique with oxygen at 15 liters per minute. 11. Recheck pulse after 30sec. 12. If pulse remains below 60bpm: Chest compressions at 120/min, maintain a 3:1 compression to ventilation ratio. 13. Once pulse is greater than 60bpm, chest compressions should be discontinued, continue bag-valve-mask ventilations 14. Recheck pulse If pulse remains less than 100bpm: 15. **ESTABLISH BASE CONTACT (ALL)** 16. Venous access, if unable to obtain venous access, place IO (if available) At no time should venous access take precedence over emergency transport 17. If pulse remains below 60bpm: **Epinephrine (0.1mg/mL)** 0.01mg/kg IV push, may repeat every 3-5min 18. Reassess and continue resuscitation measures as indicated